WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

64
1
8

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 27 1935

Do not use this space.

6052

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 3049 — Registered No. ~~48~~ 47

City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME Samuel Maxwell

(a) Residence, No. 917 Rock St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: Barbie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6th 1855

7. AGE: Years 80 — Months 10 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra Mo

FATHER

13. NAME: Isaac Maxwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Harriett Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Q. Douglas 917 Rock St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baptist Cem DATE Feb-4th 1935

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED Feb-5- 1935 [signature] Registrar. Deputy City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935 to Feb 4, 1935
I last saw him alive on Feb 4, 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia — both lungs	not known

11a

Other contributory causes of importance: Influenza

Name of operation: None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Chittaw, M. D.
(Address) 500 Broadway Hannibal, Mo.